

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this Monday 6, 3 (year), 2000

by first party, Grantor, Francisco J. Frerino

whose post office address is 4938 Tod ave

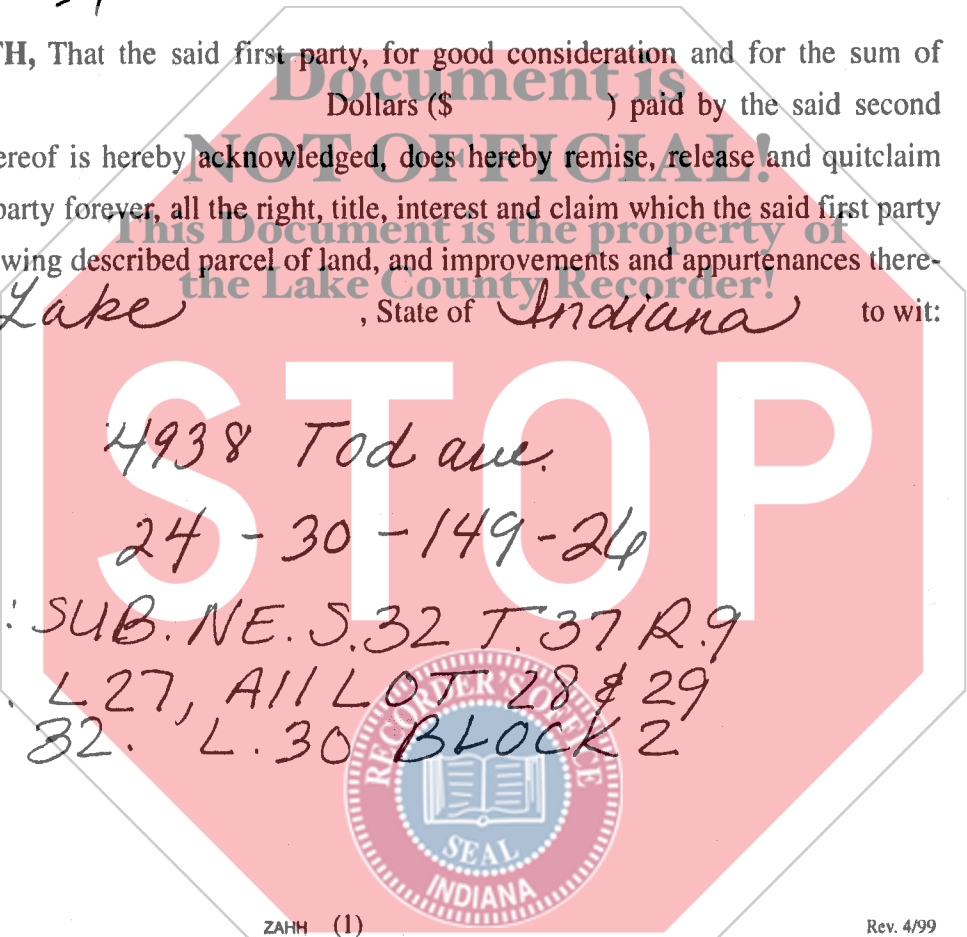
to second party, Grantee, Minerva Sepulveda

whose post office address is 4938 Tod ave E.C. 46312

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances there- to in the County of Lake, State of Indiana to wit:

4938 Tod ave.
24 - 30 - 149 - 24

LEGALS: SUB. NE. S. 32 T. 37 R. 9
N2 L 27, ALL LOT 28 & 29
32. L. 30 BLOCK 2



ZAHM (1) Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

MAR 06 2000

00622

PETER BENJAMIN
LAKE COUNTY AUDITOR



1600
su
25

Signature of Witness

Signature of First Party

Print name of Witness

Print name of First Party

State of Indiana)
County of Yale
On March 6, 2002 before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Shironda L. Dowd
Signature of Notary

SHIRLONDA L DOWD
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. MAY 5, 2000

Affiant _____ Known _____ Produced ID _____
Type of ID _____ (Seal)

State of _____)
County of _____
On _____ before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____ (Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

